

June 1994

Clinical Center News

In this issue:

- Giant umbrellas
- Pharmacokineticist's grant
- Musical avocation

Intramural research report addresses CC future

The future of the Clinical Center was among topics addressed by a committee of external advisors with a Congressional mandate to examine the NIH intramural research programs. The cornerstone of those intramural programs is the 450-bed, 40-year-old Clinical Center.

The report, discussed in a media briefing May 4, called for construction of a 250-bed inpatient facility next to the current building. The Clinical Center houses most of the research labs and all of the inpatient nursing units involved in intramural research. The FY95 budget includes \$2.5 million to

further develop options for construction of a new Clinical Center.

"The advisors recognize that there is no other resource in the world like the Clinical Center," said NIH Director Dr. Harold Varmus, "and are committed to retooling the facility to make it more efficient in support of modern, investigative medicine."

"Our goal is to maintain and support a vigorous, cutting-edge level of research intramurally," says Dr. John Gallin, CC director and NIH associate director for clinical research. "The Clinical Center must

adapt to the needs of the protocols that will make up that research. Building a more efficient, thoroughly modern hospital module makes sense fiscally, scientifically, and clinically."

The hospital needs of medical researchers have changed significantly since the CC first admitted patients in 1953, Dr. Gallin points out, and inpatient hospital occupancy levels in recent years have reflected those changes.

"As more care is provided on an outpatient basis, occupancy rates

Continued on the back page



Nursing recognizes contributions of department members

The Nursing Department recognized the contributions of its members during awards ceremonies May 23. Among those recognized were (from left) Debra Byram, named Distinguished Nurse; Jean Harris, recipient of a Director's Award; and Dianne Hobbs, Nurse of the Year. With them is Kathy McKeon, CC associate director for nursing. For a closer look at the top award winners and an overview on current nursing research, turn to pages 4 and 5.

1994's emergency plan includes changes involving casualties

There are two changes in the 1994 CC Emergency Preparedness Plan.

In the newest edition, all references to the CC accepting casualties from the community have been deleted. "Since the CC is a research hospital, it is not accredited to accept those casualties," says Dr. Michele Evans, CC environmental safety officer, "but on rare occasions, the CC director may ask volunteers to help in community disaster relief efforts."

The other change involves emergency medical care for employees and visitors should a disaster occur at the Clinical Center. "Our goal is to provide emergency first aid until it is medically safe to move the injured to the appropriate community hospital," she explains.

Copies of the CC Emergency Preparedness Plan and the CC Emergency Handbook, a quick-reference guide for emergencies, are available in the safety office, room 1C126.



Patio of the big shade

They're over 14 feet high and nearly 20 feet in diameter. Two giant umbrellas have been added on the sun deck, the only place at the Clinical Center where smoking is permitted. The umbrellas offer shade on sunny days and a bit of shelter when it rains. Smoking has been prohibited at Clinical Center entrances and in the garage for more than a year. The sun deck has a wheelchair ramp.

query

How would you improve parking problems at the Clinical Center?



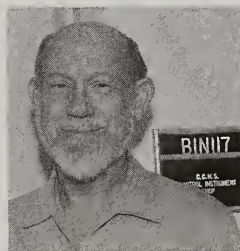
Sandra Hess
Diagnostic
Radiology

"They should build another high-rise, and there should be more general parking."



Caroline Leake
Pharmacy
Department

"Building more parking spaces rather than more research buildings."



Charles McClanahan
Materials
Management

"I think the carpool situation should be better controlled."



Lyn Mickley
NCI

"It's improved a lot since the multi-level garage. Underground parking would help a lot."

Compiled by Dayle Stein and LaTonya Kittles

Clinical Center News

Editor: Sara Rand Byars

Clinical Center News, Building 10,
Room 1C255, National Institutes of
Health, Bethesda, Maryland 20892.
Phone: (301) 496-2563. Fax: 402-2984.

CCNews is published monthly by the
Office of Clinical Center
Communications, Colleen Henrichsen,
chief, for CC employees.

News, article ideas, calendar events,
letters, and photographs are welcome.

Deadline for submission is the second
Monday of each month. If possible,
submit your article on a Macintosh
disk (Microsoft Word preferred).

Farrar named director of CC social work

Dr. Adrienne Farrar has been named chief of the CC Social Work Department. Acting chief since June 1992, Dr. Farrar came to the Clinical Center as deputy department chief in 1991.

Dr. Farrar earned the doctorate in social work from Catholic University and a masters from Howard University. She is a B.A. graduate of York College of the City University of New York.

Before joining the CC staff, she had directed the social work department and coordinated long-term care at Washington Hospital Center. From 1980-1986 she served as nursing home placement coordinator for the District's Department of Human Services.

Pharmacist tapped for advisory role

Dr. Karim Calis, drug information service director, Pharmacy Department, has been tapped for a one-year appointment to the American Society of Hospital Pharmacists Council for Administrative Affairs. Council members advise on issues concerning management of pharmacy resources and reimbursement for pharmaceutical services.

OMS offers strategies for preventing skin cancer

It's the season for heading outdoors, and the Occupational Medical Service wants NIH employees to do it safely. They will sponsor a skin cancer awareness program during June to provide information on the relationship between excessive exposure to sunlight and the development of skin cancer.

NIH employees can learn more about skin cancer's warning signs, risk factors, and how to reduce chances of developing skin cancer by visiting any OMS Health Unit. In the Clinical Center, that's room 6C306. Sunscreen samples will be available.

Stop by room 6C306 any Wednesday this month to see a video on recognizing, treating, and



Bidding benefits good cause

This year's Patient Emergency Fund Auction raised more than \$6,000 through such fun offerings as a free-wheeling auction, white elephants, a cash raffle, and a bake sale. Al Rexroad chaired April's auction sponsored by the Friends of the Clinical Center and the R&W Association to benefit the Patient Emergency Fund.

preventing skin cancer. The video will be shown at 9 a.m., 10 a.m., 11 a.m., 1 p.m., 2 p.m., and 3 p.m.

For more information on skin cancer, call Inga Tokar, Dermatology Clinic nurse, at 496-2681.

Hellinger receives award

Lynn Hellinger, chief of the personnel operations section, Office of Human Resources Management, has received the 1994 Distinguished Senior Professional Award of the Montgomery County Chapter, International Personnel Managers Association.

Hellinger came to the CC from the NIH Division of Personnel Management. While here, she's participated in important CC-wide initiatives, including serving as a key member on the team that developed and administered the first employee survey as part of CC's TQM effort.

July classes offered

The Office of Human Resources Management's education and training section will sponsor two classes next month. They are:

- QTRC Hosts Program, July 6, 8:30-9:30 a.m., room 2C116; July 12,

3-4 p.m., room 2C310; and July 26, 12:30-1:30 p.m., room 2C116.

- Communicating More Effectively, July 20-21, 8:30 a.m.-4 p.m., 1N248.

Call 496-1618 for details.

f y i

Looking for a phrase to replace "have a nice day"? Editors of the publication *communication briefings* asked readers for their suggestions to replace that cliché and came up with these:

- Take care. (The most popular suggestion.)
- Enjoy your day.
- Thanks for stopping by or thanks for calling.
- Have a good one or make it a good one.
- Talk to you soon, see you soon, catch you soon, or I'll be in touch.
- Stay positive.
- Make it a great day or I hope you're having a great day.
- I'm glad you called or I'm glad you stopped by.

Awards honor outstanding work in CC nursing

Nursing department recognized members' outstanding contributions during its annual meeting May 23.

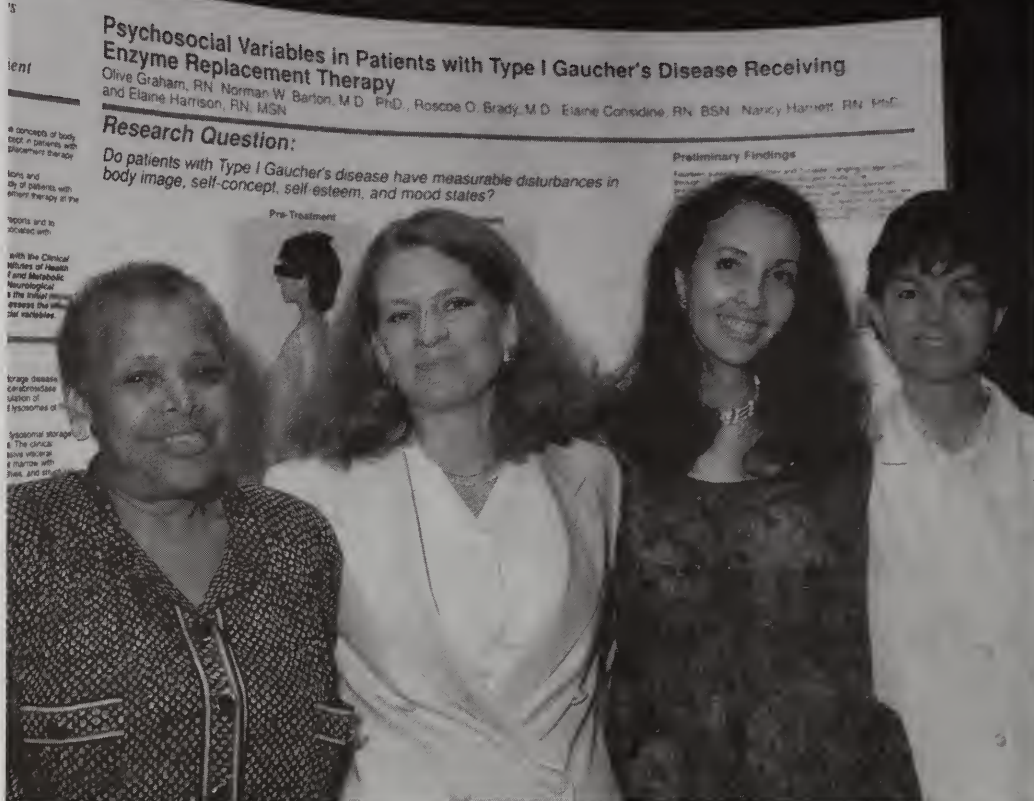
Diane Hobbs, a clinical nurse on 13 West, received the Nurse of the Year Award. Calling Hobbs a truly compassionate patient and family advocate, Kathy McKeon, CC associate director for nursing, noted her exceptional contributions to caring for pediatric patients with terminal illnesses. She has also significantly contributed to the orientation, education, and mentoring of new unit staff. "She is clearly a nurse who delivers the finest quality of patient care and conveys a sense of calm and continual ability to nurture new staff."

Hobbs chaired the shared governance clinical practice committee.

Debra Byram, clinical nurse specialist (CNS) in the Critical Care Nursing Service, received the Distinguished Nurse Award given annually to recognize contributions to nursing in and beyond the Clinical Center.

Byram has participated in major departmental and service initiatives and in CC task forces and projects. "During the last year she has been a driving force in [developing] her service's nursing care and assessment standards," points out McKeon. She also co-chaired the service's quality assurance committee and created an orientation program for new committee heads while acting as behind-the-scenes mentor to help staff nurses develop into leaders in their own right.

Byram has been instrumental in developing protocol implementation plans and introduced the first departmental format for nursing standards of practice. Byram has also



This year's Department of Nursing Research Award went to a team of nurses who identified the need to examine psychosocial changes in patients with Gaucher's disease receiving enzyme replacement therapy. Department chief Kathy McKeon (second from left) presented the award to (from left) principal investigator Olive Graham, Nancy Harnett, and Elaine Considine. Not pictured is team member Elaine Harrison.

served as CNS special interest consultant and chair for this region's American Association of Critical Care Nursing.

The Research Award went to a team of nurse investigators who identified the need to examine psychosocial changes in patients with Gaucher's disease receiving enzyme replacement therapy.

Recipients were Olive Graham, principal investigator, clinical nurse, 5 East day hospital and 7th floor clinic; Nancy Harnett, clinical nurse specialist, Mental Health, Alcohol, and Aging Nursing Service; Elaine Considine, clinical nurse, 5 East day hospital and 7th floor clinic; and Elaine Harrison, 5 East day hospital and 7th floor clinic head nurse for neurology. The research has been accepted for publication in this month's *Journal of Neuroscience Nursing*.

Two Director's Awards were also announced. The first, recognizing superior contributions to meeting nursing department Quality Improvement goals, went to Jean Harris, Nursing Department quality

assurance specialist. Harris was recognized for her contributions to the overall goals set by the nursing department addressing Quality Improvement activities.

The second Director's Award was given to the shared governance clinical practice committee. "This group's goal above all else is to keep staff nurse input in the forefront of their actions while reviewing, rewriting, debating, and composing standards of practice and procedures for the Nursing Department." Recipients were Diane Hobbs, chair; Lorena Gaskill, past chair; Linda Coe, alternate chair; and members Mary Caples, Eileen Dimond, Shirley Grieshaber, Nancy Harnett, Rose Anne Leakan, Kristen McCabe, Mary Elizabeth Price, Karen Aleman, Lillie Fairchild, Julie Gumowski, Sandra McDonald, Laurie Bernato, Kim Cox, Joanne Greene, Kayleen Hadd, Anne Knebel, Susan Marden, Kate Musallam, Susan Wingate, Nancy Stefan, Ann McNemar, and Therese White.

Nursing research vital to patient-care mission



The questions are often simple: Why? So what? Basic questions with profound implications for the practice of nursing.

Nursing researchers pull questions from what nurses do every day, focusing on practical

questions raised in caring for patients, explains Kathy McKeon, CC associate director for nursing. "For example, patients who need to be suctioned historically have the procedure done while they are flat on their backs. It's uncomfortable. It's hard for the patients to breath. Nurses have asked 'is it necessary? Is it just as effective to let the patient sit up a bit during the procedure?' Through research they found that, yes, it is just as effective and, yes, it is more comfortable for the patients."

This model for research, research based in the patient-care unit and performed by a team more often than by an individual, McKeon says, has improved patient care, reduced costs, and added to the staff nurses' base of knowledge and skills.

"The science of nursing is relatively new," she points out, "because nursing developed initially as a caring art as opposed to a science. In nursing practice, many things we do have historically been done 'just because.' Here at the Clinical Center, we have an obligation to find out what is it about what we do and how we do it that makes the critical difference to a patient and that patient's family."

Those answers are integrated into nursing practice day-to-day, McKeon says, and that makes the research process come alive for a staff nurse. "The Nursing Department's mission is to care for patients and families and to support biomedical research. Nursing research is increasingly vital to that mission."

Clinical Center nurses are principal investigators on a variety of clinical investigations. Current studies include:

•**Electrocardiographic changes associated with immunotherapy, Paula Muehlbauer.** This study is designed to determine the frequency of

cardiac dysrhythmias associated with immunotherapy.

•**The effect of chlorhexidine on early-to-moderate periodontal disease in patients with type II diabetes mellitus, Janice A. Drass.** Periodontal disease is a complication of diabetes mellitus. This study evaluates the effect of an oral anti-microbial mouth rinse and examines the relationships between diabetes control and medication compliance.

•**The effects of three blood withdrawal methods on catheter function and the accuracy of laboratory results, Alice Kacuba.** This study is designed to determine if the method of blood withdrawal affects the accuracy of lab results or catheter function.

•**A comparative intervention study using prophylactic compazine/placebo for individuals undergoing radioiodine (I-131) therapy for thyroid cancer, Roxanne Schock.** Nausea and vomiting are significant problems for patients undergoing this therapy. This study will attempt to determine if different drugs make a significant difference.

•**Psychosocial variables in patients with type I Gaucher's disease receiving enzyme replacement therapy, Olive Graham.** This study examines the concepts of body image, self esteem, moods, and psychosocial functioning in these patients.

•**Cross-cultural health care, Janice Drass.** This study analyzes health-care professionals' knowledge, attitudes, and practices regarding cross-cultural health care.

•**Clinical evaluation of noninvasive O₂ saturation monitoring in critically ill patients, Patricia Smatlak.** This is a comparison study to determine the accuracy of noninvasive devices to measure oxygen saturation in critically ill patients.

•**Clinical correlates of post-lumbar puncture headache, Christopher Geyer.** This investigation will identify clinical variables that may be associated with headaches after a spinal tap.

•**Accuracy of coagulation studies obtained from heparinized, double-lumen Hickman catheters, Donna Jo Mayo.** This study is designed to determine the amount of blood withdrawal required for accurate coagulation studies.

•**Comparison of skin-preparation techniques for cardiac monitoring in telemetry patients, Marie Cannon.** This study evaluates long-term effects of different skin preparation techniques.

•**Physical and psychological symptomatology in patients with Eosinophilia Myalgia Syndrome (EMS), Nancy Brutsche.** This study will measure the emotional and functional status of individuals with EMS.

•**Severity of illness, quality of life, and functional ability in Alpha-1 antitrypsin deficiency, Ann Knebel.** This project examines the relationships among severity of illness, quality of life, and functional ability, and will determine the impact of oxygen therapy on functional ability in patients with this disorder.

•**Assessment of nursing knowledge and clinical practice of lead placement for continuous cardiac monitoring, Jane Bupp.** This study will examine the relationship between written knowledge and current clinical practice related to lead placement for cardiac monitoring.

•**Education for pain control, Leslie DeLaPena.** This study examines the impact of an education program about cancer pain.

•**Effect of cardiac disease on women's vocational status, Suzanne Wingate.** This project is designed to develop a qualitative description of the effect of heart disease on women's employment status. Preliminary research shows that employment status is a significant predictor of a woman's life after a heart attack.

•**Comparison of self-paced learning modules with didactic classroom instruction, Patricia Lake.** This investigation is designed to develop and evaluate alternatives to the "Concepts in Cancer Care" course.

•**Reinfusion of blood discarded from venous access devices, Patricia Cosca.** This study will determine if discard blood from tests is free of clots and suitable for reinfusion.

•**Evaluation of the effect of routine heparinized flush solution of Groshong catheters, Donna Mayo.** This project is designed to determine if flushing with heparinized normal saline weekly instead of non-heparinized normal saline will prevent blood clotting on the catheter.

Receives grant

Pharmacokineticist looks at best method of administering IL-2

A pharmacokineticist in the CC Pharmacy Department has received a \$10,000, competitively awarded grant from the American College of Clinical Pharmacy to investigate the most effective way to administer a drug that modulates the body's immune system.

Pharmacokinetics, explains grant recipient Dr. Steve Piscitelli, is the science of what the body does to a drug once it's administered. "It is the absorption, distribution, metabolism, and elimination of drugs in the body," he says.

The study, developed in collaboration with NIAID, focuses on how the body processes the drug Interleukin-2 (IL-2) when it is injected subcutaneously. That is when a drug is administered by a short needle inserted just under the skin. Subcutaneous injection has long been the method used by people with diabetes to self-administer insulin.

IL-2, developed initially as a cancer-fighting drug, is given intravenously in tandem with anti-retroviral drugs to patients with HIV infections as a part of some current CC and NIAID studies. The anti-

retrovirals work to prevent the virus from replicating and killing more and more white cells, Dr. Piscitelli explains, and the IL-2 stimulates the infection-fighting capabilities of the white cells that remain.

Patients must be in the hospital or clinic for intravenous (IV) medications, Dr. Piscitelli points out, and IVs are time consuming for pharmacists to prepare and for nurses to administer and monitor. If proven to be as effective as when given by IV, subcutaneous injection would offer a simpler, less costly way to give the IL-2. Plus, patients could give the drug to themselves at home.

Dr. Piscitelli will measure the levels of IL-2 in the body for up to 24 hours after the injection. "We will correlate the levels of IL-2 in the blood with side effects and will also see if there is any relationship between blood levels and an increase in white blood cell counts."

Co-investigators in the study are Dr. Richard T. Davey, Dr. Clifford Lane, and Julia Metcalf, NIAID, and CC clinical nurse Mary Wells.

—by Sara Rand Byars



Dr. Steve Piscitelli, a pharmacokineticist in the CC Pharmacy Department, has received a grant from the American College of Clinical Pharmacy to study the most effective way to administer Interleukin-2, a drug that modulates the body's immune system.

NIH sons, daughters welcomed at work

NIH sons and daughters were welcomed on campus April 28 for a capsule look at the workplace. Sponsored by the NIH Office of Equal Opportunity and the Advisory Committee for Women, the event included visits to CC's Clinical Pathology, Rehabilitation Medicine, and Nursing Departments.

The purpose of the event was to introduce children aged 9 and older to the public services their parents provide and offer a closer look at careers in science, health care, and related professions.



Dr. Lynn Gerber (left), chief of the Department of Rehabilitation Medicine, talked to visiting sons and daughters about advances in her discipline.



Rosen honored

Dr. Saul Rosen (right) was honored upon his retirement with an April 29 reception at the Mary Woodard Lasker Center for Health Research and Education. Dr. Rosen had served as acting Clinical Center director since 1990. More than 200 friends and co-workers from the CC and NIH attended the event. NIH Director Dr. Harold Varmus was among the speakers. CC employees also had a chance to say goodbye to Dr. Rosen during a reception in the Visitor Information Center April 15.

off center

Musical avocation leads CC bioethicist to many stages

His bow bounces, pops, and plucks the violin's string, moving seamlessly from Bach to bluegrass.

Music and performing have long had a venue in Dr. Fred Bonkovsky's life.

"My mother made me practice and I resented it," he says with a laugh. "There were other things I would rather have been doing as a kid, especially on sunny days."

But that musical servitude has taken Dr. Bonkovsky, acting chief of the CC Bioethics Program, to concert halls and stages across the United States and Europe while pursuing his career in the emerging field of bioethics.

He studied chemistry and pre-med in Ohio, then ethics and science at Yale and Harvard, where he later taught. In the mid-eighties he served as a Fulbright professor at Germany's Goethe University. While at the Georgia University Center, Dr. Bonkovsky was a founding member of the hospital's clinical ethics program.

Along the way he's performed with symphonies in Cleveland, Savannah, and Frankfurt, and fiddled through several Engelbert



Music has always had a venue in the life of Dr. Fred Bonkovsky, acting chief of the CC Bioethics Program. His musical avocation has led to stages worldwide.

Humperdinck concerts. "That was in the early seventies when people went crazy at concerts, rushing up to the stage screaming. We musicians had to protect ourselves," he says, chuckling.

He was in the orchestra when Leontyne Price sang with the Nashville Symphony, and has played with pianist Van Cliburn. And, yes, that's Dr. Bonkovsky backing up Dolly Parton on several early records. Most recently he's taken to the stage here at the Clinical Center with NCI's Dr. Steve Chanock in support of the Helpful Hands' annual variety show to benefit NIH AIDS patients and their families through the Friends of the Clinical Center.

A memorable performance was at the request of his college roommate. "He hired me to play under the window when he proposed. The music and proposal were successful, but they later got divorced."

More durable are his violins. "One was made in 1754 and came from Berlin. The other was crafted in Paris in 1893," he says. "I've had them both a long time, but not since they were made, of course."

For Dr. Bonkovsky, music is simply an essential element of communication. "Music communicates in a way words don't," he says, "and in many ways it's a more effective way to communicate."

—by Sara Rand Byars

... report by external advisors includes recommendations for CC

Continued from page 1

have averaged about 58 percent at any given time. There is an emphasis on more specialized clinical units such as those for pediatrics, patients who are immunosuppressed, and for those under transplantation protocols. At the same time the inpatient needs have reduced, the day hospital requirements have increased. The new hospital will accommodate these changing requirements for clinical research."

Among other recommendations for the Clinical Center were:

- When planning for the new hospital component, decide what portion of research labs should be adjacent to inpatient units. "The proximity of certain labs to patient rooms is a critical aspect of the CC design," Dr. Gallin says. "However, the number of programs requiring this immediate proximity will need to be reviewed carefully."

- Phase in expansions and upgrades of existing research labs and ambulatory care facilities once patient-care areas in the original

"The new hospital will accommodate these changing requirements for clinical research."

building are no longer needed. "Labs in the Clinical Center are crowded," Dr. Gallin says. "It makes sense to expand them into areas no longer best used for patient care."

- Ask each ICD to develop a "realistic maintenance and renovation budget" for intramural facilities to augment Congressionally funded maintenance, renovation, and construction.

- Ensure that clinical facilities and research labs now located off campus have top priority for CC space as it becomes available.

NIH's intramural research programs have been under scrutiny by the team of external advisors to the NIH Director's Advisory Committee since last October.

The FY94 House Appropriations Committee Report charged the NIH director to "review carefully the role, size, and cost of the intramural programs." Dr. Gail H. Cassell, chairman of the microbiology department at the University of Alabama at Birmingham, and Dr. Paul A. Marks, president and chief executive officer of Memorial Sloan-Kettering Cancer Center, co-chaired the 10-member committee charged with that task. Members came from medical and scientific centers from across the country.

The intramural programs, research done by NIH scientists at NIH, accounts for about 11 percent of the total budget. The extramural programs are NIH-funded work conducted by universities and other research institutions.

—by Sara Rand Byars

j u n e

1 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
What's New in Radiopharmaceuticals for Imaging, John McAfee, M.D., CC; *Desperately Seeking a Gene for Alcoholism*, David Goldman, M.D., NIAAA

NIH Lecture
3 p.m.
Masur Auditorium
Genetics of Breast Cancer, Mary-Claire King, Ph.D., University of California at Berkeley

8 **NIH Lecture**
3 p.m.
Masur Auditorium
The Health of the Spirit, Jane Alexander, National Endowment for the Arts

8 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Chromatin Structure and Gene Expression, Gary Felsenfeld, Ph.D., NIDDK; *Invasive Fungal Infections: Recent Advances and New Challenges*, Thomas Walsh, M.D., NCI

15 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Not Myositis II, Paul Plotz, M.D., NIAMS; *Genetics and Manic Depressive Illness*, Elliot Gershon, M.D., NIMH

22 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Potential Role of Human Cytomegalovirus and Its Interactions with p53 in Coronary Restenosis, Stephen Epstein, M.D., NHLBI; *Genotypic and Phenotypic Characteristics of the Autosomal Dominant Ataxias*, Joseph Higgins, M.D., NINDS

29 **Clinical Staff Conference**
noon-1:30 p.m.
Masur Auditorium
Immunopathogenic Mechanisms in HIV Infection: Implications for Therapeutic Strategies, Anthony Fauci, M.D., NIAID, moderator